Employee Post-Travel Disclosure of Travel Expenses SECRETARY OF THE SENATE PUBLIC RECORDS

Post-Travel Filing Instructions: Complete this form within 30 days of returning 2010 HAR 13 PM 4: 47 travel Submit all forms to the Office of Public Records in 232 Hart Building

traver. Submit an ionn	S to the Office of Pul	one Records in 252 Hai	r Bullulilg.	
In compliance with Rube reimbursed/paid for	, , , , , , , , , , , , , , , , , , , ,	•	osures with respect to	travel expenses that have been or will
	•	rization (Form RE-1), z		ry, invitee list, etc.)
Private Sponsor(s) (list	all): Healthcare In	formation and Mana	gement Systems	Society (HIMSS)
Travel date(s): Februa	ary 11 - 14, 2019			<u> </u>
Name of accompanying Relationship to Travele	<u> </u>	ny): Child		
	OSTS IN EMPLOYEE	EASE DUE TO THE ACC EXPENSES. (Attach addi		SE OR DEPENDENT CHILD, ONLY y.)
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☑ Actual Amount	\$385.36	\$363	\$178.47	\$825 (gov't rate registration - walved) \$350 (pre-con
				symposia - walved)
Expenses for Accomp	Transportation	ependent Child (if application Lodging Expenses	Meal Expenses	Other Expenses
	Expenses	Loughig Expenses	Wicai Expenses	(Amount & Description)
☐ Good Faith Estimate				4
☐ Actual Amount				
necessary.): Mut w/ ather about Interes 184 watson, va	na, Health	n now, Office	of the Nati	Attach additional pages if ional Coordinator participated in Congres Rand Congres Rand Usrand Ar
(Date)	(Printed)	name of traveler)		(Signature of traveler)
TO BE COMPLETED) BY SUPERVISING	MEMBER/OFFICER:		
	-	es set out above in connection, lodging, and related		scribed in the <i>Employee Pre-Travel</i> in Rule 35.
3/13/19 (Date)			(Signature of Supe	ervising Senator Officer)
Revised 1/3/11)				Form RE-2

(Revised 1/3/11)

PAT ROBERTS, KANSAS JAMES E. RISCH, IDAHO BRIAN SCHATZ, HAWAII NRE SHAHEEN, NEW HAMPSHIRE

DEBORAH SUE MAYER, CHIEF COUNSEL AND STAFF DIRECTO

FACSIMILE: (202) 224-2551 FACSIMILE: (202) 224-7416 TOD: (202) 228-3752

United States Senate

SELECT COMMITTEE ON ETHICS

February 7, 2019

Arielle Woronoff
Committee on Finance
United States Senate
Washington, DC 20510

Dear Ms. Woronof:

This responds to your recent correspondence concerning an invitation you received to travel to the 2019 Healthcare Information and Management Systems Society (HIMSS) Global Conference and Exhibition in Orlando, Florida, on February 11-14, 2019, sponsored by HIMSS. HIMSS certified to the Select Committee on Ethics (the Committee) that it will pay the necessary expenses¹ related to the travel and that it is neither a lobbyist, nor lobbying firm, nor an agent of a foreign principal, and it is not otherwise acting as a representative or agent of a foreign government. HIMSS has also certified that it does not retain or employ a registered lobbyist or agent of a foreign principal and that no registered lobbyist will accompany you at any point throughout your trip.²

Based on information and materials available to the Committee, and assuming the actual travel and travel-related expenses conform to the information and materials you provided, it appears that the proposed payment or reimbursement of necessary expenses for this trip may be accepted under relevant Senate Rules and the Committee's Regulations and Guidelines for Privately-Sponsored Travel, so long as at the time of the payment or reimbursement, HIMSS is neither a registered lobbyist nor lobbying firm under the Lobbying Disclosure Act of 1995, nor an agent of a foreign principal under the Foreign Agents Registration Act (and is not otherwise acting as a representative or agent of a foreign government), and provided the travel and all required documents are disclosed to the Secretary of the Senate in accordance with the provisions of Senate Rules 34 and 35.

Under Senate Rule 35, Senate staff must receive advance authorization signed by the Member or officer under whose direct supervision the individual works in order to accept payment or reimbursement for necessary expenses related to fact-finding travel. Further, such authorization and expenses must be disclosed to the Secretary of the Senate by filing the completed Employee Pre-Travel Authorization and the Employee Post-Travel Disclosure of Travel Expenses (Form RE-1 and Form RE-2), along with a copy of the Private Sponsor Travel

¹ The term "necessary expenses" has a specific definition. See Select Committee on Ethics' Regulations and Guidelines for Privately-Sponsored Travel – Glossary of Terms at 8.

² The term "any point throughout your trip" has a specific definition. See id. at 2.

Certification Form, and all relevant attachments (e.g., the private sponsor's invitation and itinerary) within 30 days of the conclusion of Privately-Sponsored Travel.

Finally, Senate Rule 34 requires a reporting individual,³ on his or her Financial Disclosure Report, to make an annual disclosure of the receipt of payments or reimbursements under Senate Rule 35 from a private sponsor for officially-related travel expenses where, in the aggregate, travel expenses exceed \$390 from that sponsor during a calendar year. However, if a Member, officer, or employee properly reports the receipt of necessary expenses for such travel to the Secretary of the Senate within 30 days of the travel, as discussed above, the travel expenses need not be disclosed a second time on their Financial Disclosure Report.

I hope you find this information helpful. If you have any additional questions, please do not hesitate to contact the Committee.

Sincerely,

Deborah Sue Mayer

Chief Counsel and Staff Director

Daborah Sue Mayor

Enclosure: Travel Checklist

³ A reporting individual is someone whose salary equals or exceeds 120% of the basic rate of pay for GS-15 (\$126,148 for CY 2018) or is a political fund designee and is required to file Financial Disclosure Reports. The financial disclosure threshold for CY 2019 has not yet been released. Please contact the Committee in the coming weeks for the CY 2019 figure.

PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should NOT submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee MUST also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

•	onsor(s) of the trip (please list all sponsors):althcare Information and Management Systems Society (HIMSS)
	This is an educational experience to attend the HIMSS19 Global Conference and hibition for education, innovation and collaboration on health information and technology.
	•
Dat	es of travel: February 11 - 14, 2019
Pla	ce of travel: Orlando, FL
Nar	me and title of Senate invitees: Please see attached list of Senate invitee
l ce	rtify that the trip fits one of the following categories:
X	(A) The sponsor(s) are not registered lobbyists or agents of a foreign principal <u>and</u> do not retain or employ registered lobbyists or agents of a foreign principal <u>and</u> no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip. — OR —
	(B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (see question 9).
X	I certify that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
X	I certify that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
l ce	ertify that:
X	The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for <i>de minimis</i> lobbyist involvement. - AND -
区	The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (see question 9).

9.	USE ONLY IF YOU CHECKED QUESTION 6(B) I certify that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:
	(A) The trip is for attendance or participation in a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip.
	(B) The trip is for attendance or participation in a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee on any segment of the trip (see questions 6 and 10).
	(C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip.
10.	USE ONLY IF YOU CHECKED QUESTION 9(B) If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:
11.	An itinerary for the trip is attached to this form. I certify that the attached itinerary is a detailed (hourby-hour), complete, and final itinerary for the trip.
12.	Briefly describe the role of each sponsor in organizing and conducting the trip:
	HIMSS develops, organizes, and conducts all aspects of the trip and conference. HIMSS19 is the largest
	healthcare conference, bringing together thought leaders from across the healthcare community, including
	healthcare providers, IT experts, vendors, and local, state, and federal government representatives.
13.	
13.	healthcare providers, IT experts, vendors, and local, state, and federal government representatives. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: HIMSS is a global advisor and thought leader supporting the transformation of health through the applicat-
13.	healthcare providers, IT experts, vendors, and local, state, and federal government representatives. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:
	healthcare providers, IT experts, vendors, and local, state, and federal government representatives. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: HIMSS is a global advisor and thought leader supporting the transformation of health through the application of information and technology. As a mission driven non-profit, HIMSS provides community building, public policy, professional development, and engaging events to bring forward the voice of our members.
13.	healthcare providers, IT experts, vendors, and local, state, and federal government representatives. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: HIMSS is a global advisor and thought leader supporting the transformation of health through the application of information and technology. As a mission driven non-profit, HIMSS provides community building, public policy, professional development, and engaging events to bring forward the voice of our members. Briefly describe each sponsor's prior history of sponsoring congressional trips:
	healthcare providers, IT experts, vendors, and local, state, and federal government representatives. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: HIMSS is a global advisor and thought leader supporting the transformation of health through the application of information and technology. As a mission driven non-profit, HIMSS provides community building, public policy, professional development, and engaging events to bring forward the voice of our members.

15.	Briefly describe the educational activities performed by each sponsor (other than sponsoring congressional trips):		
	HIMSS hosts educational briefings and roundtables with federal and state officials, and health IT experts		
	focused on relevant health policy issues. These events are both on and off Capitol Hill, as well as across		
	the country. We also host numerous workshops and smaller conferences across the country.		

16. Total Expenses for Each Participant:

	Transportation	Lodging	Meal	Other
	Expenses	Expenses	Expenses	Expenses
Good Faith estimate Actual Amounts	\$350	\$363	(Some meals covered in conference registration fee; no alcohol will be provided to Senate staffers)	\$825 (gov't rate registration - waived) \$350 (pre-con symposia - waived, if applicable) \$45 (Women in Health IT

17.	State whether a) the trip involves an event that is arranged or organized without regard to congressional participation or b) the trip involves an event that is arranged or organized specifically with regard to congressional participation:
	The trip is organized without regard to congressional participation.
18.	Reason for selecting the location of the event or trip
	HIMSS Global Conference brings together over 45,000 attendees and rotates among the few cities that
	can accommodate a conference of our size.
19.	Name and location of hotel or other lodging facility:
	Rosen Centre Hotel, 9840 International Dr, Orlando, FL, 32819
20.	Reason(s) for selecting hotel or other lodging facility:
	HIMSS seeks bids from local hotels and negotiates with hotels adjacent to the convention center where
	the conference is held. Contracts are based on a consideration of price, location, accessibility to the

the conference and availability of rooms to accommodate congressional staff.

21.	Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:			
	The lodging rate is lower than the per diem rate (by \$31 per night), and the estimated daily meals rate is			
	equal to the per diem. This event is organized without regard to congressional participation and the hotel			
	is selected for reasons listed in question 20.			
22.	Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:			
	HIMSS is providing roundtrip coach commercial air fare to Orlando, and taxi/ride sharing transportation to			
	and from the airport.			
23.	I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).			
24.	List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:			
	None provided			
25.	I hereby certify that the information contained herein is true, complete and correct. (For trips involving more than one sponsor, you must include a complete his ignature page for each additional sponsor): Signature of Travel Sponsor:			
	Name and Title: Ilene I. Wolf Moore, SVP, General Counsel and Government Relations			
	Name of Organization: HIMSS			
	Address: 33 West Monroe Street, Suite 1700 Chicago, IL 60603			
	Telephone Number: 312-802-5932			
	Fax Number:			
	E-mail Address: imoore@himss.org			



Congressional Staff Agenda

Location: Orange County Convention Center, Orlando, FL February 11 – 15, 2019

Access Full Conference Information here: HIMSS19

All activities are at Orange County Convention Center unless otherwise noted.

All times are Eastern Time (EST).

Note: All events and receptions listed on this agenda are open to all conference attendees

Monday, February 11th, 2019

Monday, February 11 th , 2019			
2:20pm Flight Ar	rives in Orlando (JB823)		
8:30 AM -	Full Day Preconference Symposia and Forums (ongoing for 8 hours):		
4:30PM			
Breakdown:	Chain Reaction: How Blockchain Technology Brings Value to Healthcare As blockchain continues to enable the exploration of innovative healthcare approaches not previously feasible, its adoption is growing. Gain an overview of blockchain fundamentals, and explore real-world experiences of early		
2:30-3:30pm – education session	adopters transforming ideas to practice. This highly interactive event will provide you the opportunity to validate your blockchain hypotheses and give you a clear sense of how to participate in blockchain ecosystems.		
36331011	you a clear sense or now to participate in blockchain ecosystems.		
3:45-4:35pm – education	OR		
session	Innovation for Impact: "Best Practices" and "Next Practices" for the Higher-Performance Innovator		
	Racing to innovate into the "new healthcare" but feeling challenged to keep pace with its execution? You're not alone. Discover tactical guidance, new ideas and proven practices in repeatable methods and frameworks to help address the most daunting challenges and make you a higher-performance innovator. From operational capabilities to competency metrics and approaches for scaling, funding and partnering for innovation, you'll take away shortcuts to proven strategies to take action now.		
	OR		
	Pulse Check: Learning from Today's Interoperability and HIE Successes and Unlocking the Potential of Tomorrow Interoperability and health data exchange are at a major pivot point as both evolving technologies and public policies drive implementation and new models of adoption. Explore a comprehensive assessment of these new drivers, including how TEFCA will shape exchange and the role of use cases in developing standards, policies and business models. Examine the intersection of established and emerging standards, open platforms and technologies, and how they play a role in advancing interoperable information exchange to enable a person-centered health system. Assess the status of exchange and integration of patient records with new stakeholder groups, including payers, providers and consumers.		
	OR		
	Healthy Aging and Technology Symposium: Building a Digital Bridge to Transform the Aging Experience As populations age, digital health technologies have the potential to bridge		
	<u> </u>		

	the gap between one's dependency needs and the desire to remain independent. Addressing issues like continuity of care for chronic conditions, social isolation, loneliness and medication management through information and technology can transform health and wellness in aging while also meeting caregiver needs. Examine these trends and identify impactful solutions and opportunities as we move into the future of aging.
	OR
	Best Practices Symposium: Leveraging Information and Technology to Combat Opioid Addiction Opioid addiction is one of the most significant public health challenges in the U.S. As overdoses and deaths become commonplace, clinical leaders are looking to the thoughtful application of information and technology to reduce the utilization of opioids as treatment, identify at-risk patients and get patients the help they need. Examine technology solutions and best practices of HIMSS Davies Award of Excellence recipients for identifying at-risk patients, including standardizing care to prevent unnecessary opioid exposure, changing prescribing habits of clinicians, and getting addicts referred to rehabilitation.
5:00 - 7:00 PM	HIMSS19 Opening Reception Join us for this year's not-to-be missed superhero-themed Opening Reception at HIMSS19 to network with your colleagues, peers and friends! Don't forget to pack your favorite superhero costume, because all guests are encouraged to come dressed up in costume! The opening reception is free to registered attendees and exhibitors of HIMSS19. **No alcohol will be provided or served to Senate staff**
7:00 – 9:00 PM	HIMSS19 Public Policy Leaders Dinner
	<u>Location:</u> Rosen Centre
	<u>Description:</u> Join policy leaders within HIMSS, as well as state and federal officials, for dinner to discuss policy matters including the health IT policy, legislative, and regulatory landscape in Washington, DC and the states. **No alcohol will be provided or served to Senate staff**

Tuesday, February 12th, 2019

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HIMSS19 Opening Keynote - Is Consumer-Directed Exchange Disrupting
the Healthcare Marketplace?
Opening keynote panel featuring CMS Administrator Seema Verma, Dr.
Karen DeSalvo, Gov. Michael Leavitt, and Aneesh Chopra.
HIMSS19 Exhibition Hall with live technology demonstrations,
presentations, and education sessions
Description: Learn about cutting edge health information technology.
Experience thousands of health IT products and services on the HIMSS19
exhibit floor. Features the HIMSS Interoperability Showcase, the
Cybersecurity Command Center, Federal Health IT Solutions Pavilion, the
Personalized Health Experience, and more.
Interoperability Showcase
Description: Explore a health ecosystem where standards-based health IT
enables individuals to securely access, contribute to and analyze their own
health data. Learn how current health IT products in the market deliver
standards-based interoperability and health information exchange with an
interactive learning experience.

non-scheduled	i · ·
time)	
10:30 – 11:30 AM	Views from the Top: How Consumer Technology is Revolutionizing Our Daily Lives
	Description: Consumer tech is reshaping nearly every industry. The consumer – empowered by access to better information and technology – is increasingly center stage. Powered by increasingly low-cost sensors, clever algorithms, artificial intelligence, agile robots and big data, innovative new services, products and businesses are being created every day. Will the healthcare industry look the same in ten years? How must doctors rethink their practices to harness innovative health technologies? How will the patient experience change? Is HIPAA still relevant? Will consumer devices replace or supplement hospital IT needs?
10:30 – 11:30 AM	Congressional Forum
	<u>Description:</u> The Congressional Forum session provides the opportunity to hear from key Senate and House of Representatives staffers about the health information and technology policy topics being addressed in Congress and where they seek information and input from stakeholders. This session will offer an in-depth discussion on the priorities for health I&T policy-related issues on Capitol Hill in 2019 and what the agenda looks like for Congressional action.
10:30 – 11:30 AM	Concurrent Education Sessions:
	Leveraging Electronic Health Records to Discover Effective Care Coordination Practice Patterns Healthcare institutions are increasingly investing in patient centered care team models to encourage greater communication, collaboration and coordination among providers to improve care. However, the development of care team models is still in its infant phase. In addition, they can easily miss collaborations occurring across providers, those that occur on an ad-hoc basis or those that take place virtually, via a reading of other providers' notes in electronic format. This unique session offers a data-driven framework that relies on social network analysis along with EHRs to infer provider interaction networks, matches of patient medical needs to care teams and clinical impacts of different care team models.
	MHS CIO – Standardizing, Modernizing, Securing Health IT To achieve our IT modernization priorities, DHA needs to move to a more secure, agile, and cost effective infrastructure predominantly provided by shared services. This session will examine how, as the DHA CIO, a primary focus is driving standardization across our enterprise to improve the performance and affordability of health information technology operations and enable centralized management capabilities throughout the Military Health System. Implementing the Desktop to Datacenter – or D2D program – is a critical step in streamlining health information technology infrastructure service lines across the MHS enterprise. Cybersecurity is a huge concern, especially for DoD as a target for national security and health care information. This is a time of tremendous opportunity for improving continuity of care for our highly mobile beneficiaries who often receive care from DoD, VA and private sector health care delivery partners. OR
	The Real Challenges of Telehealth Adoption

Telehealth continues to evolve rapidly worldwide. The technology available facilitates monitoring and examination of patients with an amazing level of quality, efficiency and accuracy. Patient interest and satisfaction is high, and many large healthcare systems and payers have invested millions into their evolution into the telehealth space. Despite these advances, telehealth continues to face significant barriers. Many large professional societies have publicly expressed concerns over the widespread adoption of telehealth, many payers still restrict payment for services, and a large segment of the provider population remains skeptical or even opposed to the growth of telehealth. The speakers will draw from their extensive experience in telehealth across the clinical, academic, administrative, financial, technical and payer worlds to provide key insights and actionable solutions on enhancing reimbursement, provider adoption, and stakeholder buy-in.

OR

Identifying Risky Drug-Seeking Behavior at the Point of Care

Brigham and Women's Hospital employed visualization techniques as well as descriptive and predictive analytics on a large longitudinal prescription dataset (PDMP - prescription drug monitoring program). A web-based tool, MeDSS, was then developed which dynamically generates charts on the patient's trajectory and does complex computations on risk predictors within seconds. A crossover study was conducted with participating physicians to determine how the inclusion of risk predictors from machine-learning models, incorporated into a tool with an improved UI design, increases comprehension of PDMP data, efficiency and recognition of high-risk factors--and thus assists with prescriber decision-making when a controlled substance is prescribed.

OR

Remote Monitoring Shows Significant Pop Health Benefits

Patient engagement is critical to realizing outcomes and improvements necessary for healthcare systems' movement toward value-based care. However, the sickest populations are often those with the most obstacles to the kind of engagement needed to make a positive impact on their care and on costs. Telemedicine, once thought of as a fringe approach appropriate for only a small population of total patients, is now being used to significantly boost engagement among patients with chronic and costly morbidities such as congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD), along with specialized but typically very costly populations such as those with post-partum hypertension. The University of Pittsburgh Medical Center (UPMC) and the Ontario Telemedicine Network (OTN) are both influential champions for the use of telemedicine to help manage these patient populations and will discuss how their use of this platform is improving care and lowering costs.

12:00 – 1:00 PM

Concurrent Education Sessions:

Patient-Centric Health Information Exchange

Fragmented patient records scattered about disparate healthcare providers is the major disconnect in a healthcare industry on the precipice of transformation. With a shift from Fee-For-Service (FFS) to Value-based Care and Episode-based payment fee schedules, the creation of a new model is vital to the patient and to the industry at large. Without true interoperability between health information systems from a technological, state-regulatory, and economic standpoint, the patient will continue to bear the brunt of adverse health and financial outcomes. The advent and continuous maturation of technologies like FHIR Resources and Private Blockchain Networks have provided us the infrastructural tools required to liberate

Personal Health Information from closed exchanged networks. Our presentation spotlights how detrimental the lack of interoperability is to the American healthcare system and proposes the concept of a Patient-Centric Health Information Exchange.

OR

Enabling Digital Health Innovation: A Real-World NHS Journey
This appaies will provide regults and learnings from 2.5 years of effort in kick

This session will provide results and learnings from 2.5 years of effort in kick-starting innovation at a large London hospital. Starting from a position where innovation was entirely unknown, this organization invested in supporting frontline excellence holistically, delivered multidisciplinary consultation, offered seed funding for projects and established organizational awareness to C-level. They have learned that innovation, at first, can be an opportunistic pipeline that has frontline excellence and knowledge of real world problems as its fuel. The speakers will explain key stages of organizational maturity for and methods with which innovation can grow and flourish in large acute settings.

OR

Colorado's Health IT Success: What's Our Secret Sauce?

This session will detail how the Colorado Health IT Roadmap was developed with support from the federal level, state legislators, policy makers, technology experts, government partners, care providers and patients to drive higher consumer engagement, to help create an environment for value-based payments and to support Colorado's Triple Aim: "Best Care. Best Health. Best Value." Lessons learned will be shared that can benefit many different types of organizations hoping to change the healthcare infrastructure in their organizations, regions and states. The important role of sustainable health information exchange will be discussed, as well as ideas for gathering the right players who can share a spirit of collaboration with patients at the center.

OR

Office of the National Coordinator for Health IT (ONC) Session

The Office of the National Coordinator for Health IT (ONC) will be presenting on the work it is undertaking related to implementing the 21st Century Cures Act, including interoperability, information blocking, and the Trusted Exchange Framework and Common Agreement as well as other critical issues in its portfolio related to standards, usability, and increasing health IT adoption and functionality.

12:30 **–** 1:00 PM

Keynote: The Journey to a More Patient-Focused Sustainable Health System

Rasu Shrestha, MD, MBA Chief Innovation Officer & Executive Vice President, UPMC & UPMC Enterprises

1:30 - 2:30 PM

Concurrent Education Sessions:

Cracking the Code to Better Quality and Financial Outcomes

One of the greatest challenges facing hospitals is their increased assumption of risk as a result of the transition to value-based care. Rather than allowing providers to drive revenue by raising their volume of services, both CMS and commercial payers are now moving to base provider reimbursement on quality outcomes and scores. Since it costs more to deliver proper care to patients with more health issues, CMS introduced risk adjustment factors (RAFs) to compensate providers for this increased level of care, which brought a host of challenges around documentation accuracy. Faced with these challenges, Rush University Medical Center sought new ways to

improve risk-based revenue and elevate quality scores. Among the most important was an initiative to boost premium revenues through accurate HCC code capture, which enabled Rush to take on more high-risk covered lives. The program resulted in increased revenue of \$2,300 per patient, or about \$20 million per hospital annually.

OR

Improving Care Coordination with Nationwide Data Exchange
In a 2018 study, 50% of physicians surveyed noted they were not satisfied with their access to patient data, noting that the lack of access to patients' clinical history can impede care coordination and result in increased costs. This session will share personal clinical and operational experiences in leveraging patient-centered interoperability to connect disparate information and technology solutions, health systems and providers both locally and nationally. Bringing their unique experiences, the speakers will share how having unfettered, real-time access to relevant patient health data cannot be underestimated. It is a game changer for the industry that is ultimately resulting in better value, improved patient experience, reduced costs and decreased provider frustration.

OR

MHS GENESIS: Transforming the Delivery of Healthcare

MHS GENESIS, the Military Health System's single electronic health record, deployed to all four final initial fielding sites in the Pacific Northwest, which served as the initial test of MHS GENESIS and its supporting operations and infrastructure. This session will take a look back and talk about the Initial Operational Capability phase, the value that's already being seen, and how the lessons learned are applied in the ongoing MHS GENESIS deployment efforts. MHS GENESIS will deploy enterprise-wide across the Military Health System using a wave deployment process beginning in late 2019.

OR

Changing the Culture of Data to Support Value-Based Models It is well known how difficult it has been for ACOs to accrue, manage and share data and the insights that come from advanced analytic solutions. This session will share how the right data strategy can help providers hand the

share data and the insights that come from advanced analytic solutions. This session will share how the right data strategy can help providers bend the cost curve while making important gains in health outcomes for different patient populations, it will enlighten attendees on an effective data strategy and motivate to deploy one.

3:00 - 4:00 PM

Concurrent Education Sessions:

Artificial Intelligence vs COPD: The Fight for Patient Health

Geisinger Health System is using a unique and powerful cognitive machine to drive down rates of avoidable admissions for COPD patients. Applied within the system's largest medical center, this AI solution is helping identify the subgroup of COPD patients at risk of an acute exacerbation (AECOPD). Approximately 50% of AECOPD are not reported by patients, but AECOPD drives 2.4% of acute hospitalizations. Leveraging cognitive machine technology, Geisinger is able to pin point those COPD patients at a 30x risk of an avoidable admission and the interventions that will most likely keep a patient out of the hospital. During this session, the speakers will provide an overview of the project, current and projected clinical performance/impact and key lessons learned in the application of AI to reduce complications for patients with chronic conditions.

OR Telehealth 301: Beyond the Basics The smallest patients sometimes require the most attention, and for Children's Mercy Kansas City, they are the health system's priority. Pediatric patients in the Midwest often face extreme barriers to care because of the shortage of specialty (and sub-specialty) physicians, the vast expanse of rural topography and the region's social determinants of health. To overcome those challenges and provide better access to a higher quality of care, Children's Mercy saw one solution to its patients' problems: virtualized care through telehealth solutions. As partners in healthcare delivery, the presenters will share insights to challenges, solutions and opportunities for building and implementing virtual care models to serve geographically isolated populations. The speakers will dive into best practices and share results for how their strategies have improved patient access, increased patient satisfaction, and provided opportunities for provider retention. OR Department of Veteran Affairs Session The Department of Veterans Affairs (VA) will be presenting on several significant topics in their sessions, including the health IT-focused efforts underway to deliver transformative services to its veteran population as well as the work and planning to more fully integrate VA and Department of Defense health care resources and information in support of veterans and service members. Views from the Top - From Real-World Data to Digital Twins: Paving the 3:00 - 4:00 PMWay for Personalized Healthcare **Description:** Prof. Okan Ekinci, Chief Medical Officer for Roche Diagnostics Information Solutions, will provide insights on Roche's Personalized Healthcare strategy. He will discuss how data-driven Clinical Decision Support Solutions evolve and help healthcare institutions in their digitization effort to ultimately improve patient outcomes as well as clinician satisfaction at an increased level of efficiency and quality. 4:15 - 5:15 PM **Concurrent Education Sessions:** Mitigating the Next Generation of Risk: Connected Devices With the significant increase in innovative, connected medical devices becoming part of patient care, Information Technology and Clinical Engineering are no longer mutually exclusive disciplines within the clinical setting; rather, they are out of necessity a fully integrated continuum in the integrated chain of patient care. Insuring the security and integrity of information and technology assets in the hospital data center is well understood; however, the practice of securing and protecting the everexpanding range of connected medical devices that interact directly with the patient is not as well understood and is fraught with a range of additional and unique challenges. This session will describe the similarities and differences in securing information and technology and clinical assets and will outline a model to protect connected medical devices from malicious intent. OR Defeat Nation State Actors Stalking the Healthcare Sector Retired Brigadier General Greg Touhill, the first Chief Information Security Officer of the United States government and current president of the Cyxtera Federal Group, will discuss the current cyber threat environment; the tactics, techniques, and procedures used by nation state actors and cyber criminal

	groups to threaten organizations; why the health care environment is at high risk; and what the health care sector should do to better manage their risk. OR Smartphones Are Driving Clinical Transformation Hospitals and health systems surveyed are making large-scale, enterprise-wide investments in smartphones and unified communications solutions to drive clinical transformation and address mission as well as patient-critical communications requirements of clinical and non-clinical mobile workers within the hospital and across-care continuum. These solutions support the achievement of the Quadruple Aim by reducing costs, improving quality and outcomes and increasing patient and provider satisfaction. The speakers, representing research, clinician and administrator standpoints, will offer compelling details of what a successful deployment looks like; how to address and overcome the associated pitfalls in operationalizing a large-scale health system-wide deployment; and explore future growth opportunities involved with integrating these solutions with evidence-based clinical pathways and care management programs including support of bedside documentation and clinical surveillance.
6:30 – 8:00 PM	HIMSS19 Women in Health IT Reception (OPTIONAL)
	Location: TBD Description: Be a part of the industry's most powerful gathering of women innovators, leaders and entrepreneurs shaping and transforming health
	through technology today. Share stories, recognize and celebrate your peers – form valuable connections that will last a lifetime. **No alcohol will be provided or served to Senate staff**
	Dinner on your own

Wednesday, February 13th, 2019

7:00 – 8:15 AM	HIMSS Public Policy Leaders Breakfast
	<u>Description:</u> Breakfast with HIMSS public policy leaders, winners of the HIMSS Nichols E. Davies Award for Excellence in Health Information Technology, and the HIMSS Public Policy Committee.
8:30 – 9:30 AM	State Officials Panel: Smart States and the Push towards Health IT Modernization
	Description: States and local governments are on the front line of creating "smart health systems" given recent modernization efforts leveraging 21st Century digital technologies, the abundance of robust real-time health related data, and health and human services integration. This session will underscore the opportunities and trends that have prompted state legislators, governors, and county officials to reimagine how they could use health IT solutions to upgrade legacy systems and address complex health issues relating to social determinants, the impact of global health pandemics and population health outcomes. Panelists will discuss their efforts to address these issues with the help of federal agencies, partner organizations, and in collaboration with other states.
8:30 – 9:30 AM	Views from the Top – Transparency in Prescription Drug Costs to Help Patients Save Money
•	<u>Description:</u> In a consumer-oriented world, why are we still surprised by the out- of-pocket cost of our medications? How many of us simply leave the prescription behind and become part of the "non-adherence" statistic due to cost? Hear Casey Leonetti, Senior Vice President of PBM Innovation of CVS Health, and Tom
	,

	
	Skelton, CEO of Surescripts, two trail-blazing innovators in pharmacy, healthcare and health information technology, talk about how making prescription drug cost and drug benefit plan information available to patients, prescribers and pharmacists can help improve health care engagement. In fact, early results show that this type of transparency is transforming the prescription decision-making process for physicians, pharmacists and patients by supporting and enabling a consumer-driven market-place that ultimately helps patients save money on their medications.
9:30 AM - 6:00 PM	HIMSS19 Exhibition Hall with live technology demonstrations, presentations, and sessions
(When not at concurrent educational sessions or for non-scheduled time)	Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS19 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Federal Health IT Solutions Pavilion, the Personalized Health Experience, and more.
10:00 – 11:00 AM	Concurrent Education Sessions:
	Lessons from Israel: Finding Cancers with AI and EHR Data What can the U.S. health system learn from its Israeli counterpart when it comes to leveraging existing EHR data for preventative care? Israel's digital database (the world's second largest) has collected medical records for over 98% of the population to further the development of preventative treatment and personalized care plans. In this session, the speaker goes beyond conjecture to demonstrate how U.S. health systems can learn from the Israeli model and integrate AI tools into clinical practice to identify high-risk patients and create a clinical path for effective intervention. She will reference the real-world development, validation, implementation, adoption and results of an AI-based tool designed to flag individuals at risk of harboring colorectal cancer using only existing EHR data. The clinical and ROI results of this implementation will reveal how AI can facilitate early interventions to improve patient outcomes while enabling health systems to prioritize resources
	OR
	Blockchain Privacy, Security, Compliance and Regulation Blockchains show great potential to help healthcare reduce costs, and improve patient engagement, experience, and outcomes. Privacy expectations and risks must be successfully managed to enable healthcare to fully realize the benefits of blockchain. Concurrently, blockchains hold incredible potential to put patients and data subjects in control of their data and improve privacy. A myriad of regulations and data protection laws apply to blockchains, and must be complied with to avoid non-compliance, penalties, and other impacts. The challenges of compliance are exacerbated by the fact that blockchains can span states, countries, and regions that represent different jurisdictions with different regulations and data protection laws, and data sovereignty and trans-border data flow requirements and challenges can also emerge as blockchains grow globally.
	OR
	Digital Transformation: Uniting the Full Continuum of Care As health systems consolidate, populations age and healthcare professionals are stretched increasingly thin, how can providers deliver a continuum of care that significantly yet cost-effectively advances quality of life without compromising care standards or intensifying professional burnout? For many, including Jewish Senior Living Group (JSLG), digital transformation points the way forward. Focused on improving quality of life for residents and professionals, JSLG's San Francisco

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	Campus for Jewish Living wanted to reduce fragmentation and unify its services for patients/residents. It developed a digital transformation strategy that integrates experiences on- and off-campus and in virtual space to deliver the right services at the right time. Fundamental to JSLG's approach is the tenet that, to succeed, digital solutions must be accessible and useful to the patients and clinicians interacting with them. This session will explore JSLG's end-to-end digital transformation journey.
11:00 - 11:20 AM	Staff Led VIP Tour of the Interoperability Showcase
11:30 AM –	Concurrent Education Sessions:
	Concurrent Education Sessions.
12:30 PM	
	Restore Human Connections with Collaboration and Technology
	In this session, learn how the CXO and her team of experienced coaches are
	designing effective approaches to improve the human experience, collaborating
	with clinical and information and technology leaders to help caregivers and leaders
	intersect their purpose, passion and skills to make a difference as well as foster
	more meaningful interactions with each other, patients and families, driving
	positive human connections and transformative change in healthcare.
	OR
	Teaming up for Change: Virtual Care Lessons
	The value of providing instant care and collaboration across care teams has never
	been higher, necessitating that everyone from doctors and care coordinators to
	finance and billing managers and pharmacy, find a solution that works for
	everyoneespecially for patients in the care continuum. Forward-thinking Kaiser
	, , , , , , , , , , , , , , , , , , ,
	Permanente shares how they expanded their Chat with a Doctor program to
	provide secure chat and other instant services to their members all while making it
	easier for care teams to collaborate in a secure environment. Their results are the
	highest NPS score (40 in 2018) in healthcare, triple the industry average (13), over
	70% remote encounter resolution rates and some of the highest member and
	provider retention rates.
	OR
	Optimizing Health Information Technology to Promote Opioid Stewardship
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	In the midst of the national opioid epidemic, many organizations are still early in
	the development of their opioid stewardship efforts. Truman Medical Centers has
	empowered a leader within the Pharmacy team to expand the institutions pain
	management and opioid stewardship services. The pharmacist uses the EHR to
1	review inpatient orders triggered by targeted drug reports, focusing on scheduled
	and long-acting opioid medications. This approach has led to safer administration
	of opioids and safer prescribing behaviors. Intermountain Healthcare has
	established a collaborative clinical/technical team focused on improving opioid
	safety across the organization. Multiple technical solutions have been or are being
	implemented. These include interventions designed to 1) identify patients at high
	risk of opioid induced respiratory depression, 2) reduce over-prescribing of opiates
,	for acute pain, and 3) increase safety in ordering and administering opiates in
	hospital settings.
1:00 – 2:00 PM	Federal Health Community Lunch (OPTIONAL)
	Description: A community of HIMSS members and Federal Government
	employees, coming together for cross-agency information sharing and networking,
	and to share new ideas on how health IT can be used to improve healthcare
	delivery by the federal government.
1:00 – 2:00 PM	Concurrent Education Sessions:
	Data-Driven Clinical Transformation in an Unhealthy Region
	Value-based care can be a daunting change. It's particularly true in the Southeast,

ranked the least healthy U.S. area. Building on a partnership with a large Louisiana-based health plan, COSEHC leads a large practice transformation network, serving over two million people through 703 practice sites and 4,599 clinicians. Leveraging actionable information, evidence-based guidelines and training, its PTN has become a CMS top performer. It shares challenges and successes in meeting or exceeding most chronic disease targets and saving millions by transforming patient- and family-centered care; data-driven quality improvement; and creating sustainable business operations.

OR

Redesigning Clinical Care with Analytics

With annual US Healthcare expenditures surpassing \$3 trillion, the industry is challenged with providing high-quality care at the lowest possible price. The Memorial Hermann Healthcare System is facing this challenge head-on. Through eliminating waste and increasing quality, we are changing the way care is provided. In this presentation, you will learn how Memorial Hermann Health System is using visual analytics with its Electronic Health Record (EHR), and other healthcare IT (HIT) systems to improve quality and safety of care and enhance the patient experience while reducing costs.

OR

Enhanced Public Health Reporting Using an HIE Network

Leveraging an existing, robust health information exchange (HIE) network, we implemented a decision support intervention to facilitate awareness among primary care providers that a notifiable disease should be reported to a local public health agency. In a controlled before-and-after trial, we evaluated the impact of the intervention on notifiable disease reporting rates. In this session, the speakers describe the intervention, methods and results of the trial.

2:30 - 3:30 PM

Concurrent Education Sessions:

Leveraging Technology to Improve Prior Authorization

This session will describe and quantify the growing PA problem using survey statistics, review the currently available technologies for both prescription and medical services PA, discuss challenges to adoption, and discuss how grassroots web tools and social media can be effectively leveraged to address PA policy issue.

OR

Embracing the IoT: Ideas Are Easy, Execution Is Hard

The speakers will paint a futuristic picture of healthcare, utilizing a standardsbased, edge-computing IIoT architecture and discuss the benefits and challenges of implementation. Finally, you will be provided with the tools (reference architectures from the IIC and MD PnP) necessary to help the healthcare industry begin developing products and creating an ecosystem for a next generation of connected healthcare products.

OR

Medicare Reimbursement and Connected Health: Where Are We?

Join this session to learn about and participate in a dialogue on: a) What is the state of play regarding reimbursement for use of connected health tools in Medicare? b) Opportunities to make your voice heard in related policy development processes c) Next steps/milestones for the uptake of connected health tech.

4:00 - 5:00 PM

Concurrent Education Sessions:

	Using Real-Time Analytics to Improve Patient Clinical Outcomes Learn how we combined real world clinical experiences with innovative architecture, while leveraging existing technology, to produce a near-time dashboard for nurses. This session goes beyond mere concept and shares practical applications of near and real-time reporting. We will share how we combined analytics and technology to save clinicians time while increasing the visibility of the quality of care being delivered, ultimately leading to improved outcomes.
	OR
	Adapting Guidelines for Emergencies in the Digital Age In the case of emergency preparedness, based on the redesigned process, we are developing CDS for post-exposure prophylaxis to anthrax in the event of a bioterrorism attack. The speakers will discuss the approach, issues with integrating multiple guidelines and translating them into machine-readable language, piloting the CDS, steps required for local systems integration and lessons learned for future use and iterative improvement of the redesigned clinical guidelines development process.
	OR
•	Demystifying TEFCA: Ins and Outs of the Exchange Framework This session describes the ins and outs of ONC's TEFCA - the new interconnection of qualified health information networks (QHINs), to advance the establishment of an interoperable health system that: a. empowers individuals to use their electronic health information to the fullest extent, b. enables providers and communities to deliver smarter, safer and more efficient care and c. promotes innovation at all levels.
5:30 - 6:30 PM	Views from the Top – A U.S. Government Perspective
0.45 0.00 0.00	Description: A special discussion with a high-level U.S. Administration Official!
6:45 – 8:00 PM	Federal Health Community Reception
	Description: Networking event for the Federal Health Community, a community of HIMSS members and Federal Government employees. **No alcohol will be provided or served to Senate staff**
	Dinner on your own

Thursday, February 14th, 2019

8:30 – 9:30 AM	Concurrent Education Sessions:
	Implementing a Statewide School-Based Telehealth Program This session will provide an overview of a successful, statewide school-based telehealth program and include information on program development, utilizing the ITIL framework. It will include a review of the "nuts and bolts" of a successful program and a discussion of barriers and lessons learned. Recommendations to enhance the effectiveness and efficiency of a school-based telehealth program will be highlighted.
	OR
	Unifying Provider and Payer Data to Propel Value-Based Care In this session, leaders from Manifest MedEx will describe their vision for a next- generation unified care record and discuss the strategy and technology they have implemented to deliver data as a service to providers and payers. Also included

will be how the platform will act as a catalyst for innovation, providing agility in the move to value-based models, including examples of how they have solved real-world problems.

OR

Wearable Device Data: Signal or Noise?

This session will cover the broad range of data that can be collected now and in the near future, some of the technical challenges associated with managing this data, as well as the system changes that will be required in order to be able to utilize this data to improve care and outcomes.

11:48am Flight Departs Orlando (JB2224)

Additional Information

Question 5. U.S. Senate Invitees:

- Brett Baker (Senate Finance Committee)
- Andrew Burnett (Senate HELP Committee)
- Jennifer DeAngelis (Sen. Whitehouse)
- Erin Dempsey (Senate Finance Committee)
 Will Dent (Sen. Isakson)
- Victoria Flood (Sen. Capito)

Julia Frederick (Sen. Warren)

Colin Goldfinch (Senate HELP Committee)

Rita Habib (Sen. Bennett)

Samantha Elleson (Sen. Wicker)

Elizabeth Henry (Sen. Cochran)

- Virginia McMillin (Senate HELP Committee)
- Danielle Janowski (Sen. Thune)

Lauren Jee (Sen. Cardin)

Adam Lachman (Sen. King)

Kathleen Laird (Sen. Baldwin)

- Aisling McDonough (Sen. Schatz)
- Bobby McMillin (Senate HELP Committee)
- Brett Meeks (Senate HELP Committee)
- Madeleine Pannell (Senate HELP Committee)
- Stuart Portman (Senate Finance Committee)

Lorenzo Rubalcava (Sen. Stabenow)

Kristi Thompson (Senate HELP Committee)

- Beth Vrabel (Senate Finance Committee)
- Arielle Woronoff (Senate Finance Committee)
 Adam Reece (Senate VA Committee)
- Grant Dubler (Sen. Rosen)

Beth Nelson (Senate HELP Committee)

• Aliza Fishbein (Senate HELP Committee)

Question 23. Note: No alcohol will be provided or served to Senate staffers, as noted on the agenda.

(Revised 10/19/15)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will <u>not</u> be considered or approved. This form <u>must</u> be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler:	Arielle Woronoff
Employing Office/Committee:	Senate Committee on Finance, Democratic Staff
Private Sponsor(s) (list all): Health	care Information and Management Systems Society (HIMSS)
Travel data(s), 2/11/19-2/14/19	
Note: If you plan to extend t	the trip for any reason you must notify the Committee.
Destination(s): Orlando, Florida	
Explain how this trip is specifically	connected to the traveler's official or representational duties:
As Senior Health Counsel, one piece policies and legislation about the top	of my portfolio is health information technology. This includes developing and advancing ics covered at this conference, such as interoperability and "big data".
Name of accompanying family mer Relationship to Employee: Spot	nber (if any): use Child ned in this form is true, complete and correct to the best of my knowledge:
1/9/2019 (Date)	Quelle Worons (Signature of Employee)
TO BE COMPLETED BY SUPERVISOR Secretary for the Majority, Secretary for the Majority for the Majori	hereby authorize Avielle Woonott
related expenses for travel to the ex-	vision, to accept payment or reimbursement for necessary transportation, lodging, and vent described above. I have determined that this travel is in connection with his or her officeholder, and will not create the appearance that he or she is using public office for
I have also determined that the attended of the Schate. (signify "yes" by check	ndance of the employee's spouse or child is appropriate to assist in the representation king box)
1/9/19	Con Uyles (Signature of Supervising Senator/Officer)
(Date)	(Signature of Supervising Senator/Officer) Form RE-1

PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should NOT submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee MUST also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

•	sor(s) of the trip (picase list all sponsors):
	thcare Information and Management Systems Society (HIMSS)
`Deśc	ription of the trip:This is an educational experience to attend the HIMSS19 Global Conference and
Exhi	bition for education, innovation and collaboration on health information and technology.
Date	s of travel: February 11 - 14, 2019
Plac	e of travel: Orlando, FL.
Nair	e and title of Senate invitees: Please see attached list of Senate invitee
	tify that the trip fits one of the following categories:
X	(A) The sponsor(s) are not registered lobbyists or agents of a foreign principal and do not retain or employ registered lobbyists or agents of a foreign principal and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee at any point throughout the trip. —OR—
	(B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain of employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (see question 9).
	l certify that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
	- AND -
	I certify that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
l ce	rtify that:
X	The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist agent of a foreign principal except for de minimis lobbyist involvement. - AND -
冈	the second and the accompanied on the trip by a registered lobbyist or agent of a foreign princ
لت	except as provided for by Committee regulations relating to lobbyist accompaniment (see question

(A) overt office (B) overt Mem	rincipal, one of the following scenarios applies: The trip is for attendance or participation in a one-day event (exclusive of travel time and one night stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, er, or employee on any segment of the trip. OR— The trip is for attendance or participation in a one-day event (exclusive of travel time and two night stays) and no registered lobbyists or agents of a foreign principal will accompany the other, officer, or employee on any segment of the trip (see questions 6 and 10). OR— The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will impany the Member, officer, or employee at any point throughout the trip.
overn Mem (C)	night stays) and no registered lobbyists or agents of a foreign principal will accompany the other, officer, or employee on any segment of the trip (see questions 6 and 10). — OR — The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) are Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will
of th	e Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will
	mbana tue Migtubei, diricer, orcinbioace ar max home magness and man
If the trip	LY IF YOU CHECKED QUESTION 9(B) p includes two overnight stays, please explain why the second night is practically required for nyitees to participate in the travel:
<u></u>	
<u> </u>	
II. 🖾 An i	itinerary for the trip is attached to this form: I certify that the attached itinerary is a detailed (hour-nour), complete, and final itinerary for the trip.
12. Briefly	describe the role of each sponsor in organizing and conducting the trip:
	develops, organizes, and conducts all aspects of the trip and conference. HIMSS19 is the largest
	are conference, bringing together thought leaders from across the healthcare community, including
	are providers, IT:experts, vendors, and local, state, and federal government representatives.
13 Briefly	describe the stated mission of each sponsor and how the purpose of the trip relates to that mission: is a global advisor and thought leader supporting the transformation of health through the applicat-
	nformation and technology. As a mission driven non-profit, HIMSS provides community building,
public	policy; professional development, and engaging events to bring forward the voice of our members.
14. Briefly	describe each sponsor's prior history of sponsoring congressional trips: S holds a Global Conference annually, and invites congressional staff, as well as federal, state, and
local p	olicymakers and officials, for this unique learning experience.

15.,	Briefly describe the educational activities performed by each sponsor (other than sponsoring congressional trips):		
	HIMSS hosts educational briefings and roundtables with federal and state officials, and health IT experts		
	focused on relevant health policy issues. These events are both on and off Capitol Hill, as well as across		
	the country. We also host numerous workshops and smaller conferences across the country.		

16. Total Expenses for Each Participant:

	Transportation Expenses	Lodging Expenses	Meal	Other Expenses.
Good Faith estimate Actual Amounts	\$350	\$363	\$235 (Some meals covered in conference registration fee; no alcohol will be provided to Senate staffers)	\$825 (gov't rate registration - waived) \$350 (pre-con symposia: - waived, if applicable) \$45 (Women in Health IT

17.	State whether a) the trip involves an event that is arranged or organized without regard to congressional participation or b) the trip involves an event that is arranged or organized specifically with regard to congressional participation:		
	The trip is organized without regard to congressional participation.		
18.	Reason for selecting the location of the event or trip		
	HIMSS Global Conference brings together over 45,000 attendees and rotates among the few cities that		
	can accommodate a conference of our size.		
19.	Name and location of hotel or other lodging facility:		
	Rosen Centre Hotel, 9840 International Dr. Orlando, FL, 32819		
20.	Reason(s) for selecting hotel or other lodging facility:		
	HIMSS seeks bids from local hotels and negotiates with hotels adjacent to the convention center where		
	the conference is held. Contracts are based on a consideration of price, location, accessibility to the		
	the conference and availability of rooms to accommodate congressional staff.		

Private Sponsor Certification - Page 3 of 4

2.1.	Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:		
	The lodging rate is lower than the per diem rate (by \$31 per night), and the estimated daily meals rate is.		
	slightly higher than the per diem (by \$12 per day). This event is organized without regard to congressional		
	participation and hotel is selected for reasons listed in question 20.		
22,	Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:		
	Coach air and ground transportation.		
·23.	I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).		
24.	List any entertainment that will be provided to, paid for, or reimbursed to Senate invitces and explain why the entertainment is an integral part of the event:		
	None: provided		
2:5.;	I hereby certify that the information contained herein is thug-somplete and correct. (For trips involving more than one sponsor, you must include a complete signature for each additional spousor): Signature of Travel Sponsor:		
	Name and Title: Ilene I. Wolf Moore, SVP, General Counsel and Government Relations		
	Name of Organization: HIMSS		
	Address: 33 West Monroe Street, Suite 1700 Chicago, IL 60603		
	Telephone Number: 312-802-5932		
	Fax Number:		
	E-mail Address: imoore@himss.org		

Additional Information

Question 5. U.S. Senate Invitees:

Brett Baker (Senate Finance Committee)
Andrew Burnett (Senate HELP Committee)
Jennifer DeAngelis (Sen. Whitehouse)
Erin Dempsey (Senate Finance Committee)

- Will Dent (Sen. Isakson)
 Victoria Flood (Sen. Capito)
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 Rita Habib (Sen. Bennett)
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- Elizabeth Henry (Sen. Cochran)
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 Arielle Woronoff (Senate Finance Committee)
 Adam Reece (Senate VA Committee)
- Grant Dubler (Sen. Rosen)
 Beth Nelson (Senate HELP Committee)
 Aliza Fishbein (Senate HELP Committee)

Question 23. Note: No alcohol will be provided or served to Senate staffers, as noted on the agenda.

Congressional Staff Agenda
Location: Orange County Convention Center; Orlando, FL
February 11 – 15, 2019
Access Full Conference Information here: HIMS\$19
All activities are at Orange County Convention Center unless otherwise noted.

All times are Eastern Time (EST).

Note: All events and receptions listed on this agenda are open to all conference attendees

Monday, February 11th, 2019.

Monday, Febru	iary 11 th , 2019
1:57pm Flight Arr	ives in Orlando (tentative – AA2016)
8:30 AM -	Full Day Preconference Symposia and Forums (ongoing for 8 hours):
4:30PM	
	Chain Reaction: How Blockchain Technology Brings Value to Healthcare
Breakdown:	As blockchain continues to enable the exploration of innovative healthcare
	languaghes not previously feasible, its adoption is growing. Gain an overview
8:30-8:45am -	of blockchain fundamentals, and explore real-world experiences of early
networking	adopters transforming ideas to practice. This highly interactive event will
	provide you the opportunity to validate your blockchain hypotheses and give
8:45-9:45am -	you a clear sense of how to participate in blockchain ecosystems.
education	
session	OR
10:00-11:00am	Innovation for Impact: "Best Practices" and "Next Practices" for the
- education	Higher-Performance Innovator
session	Recing to innovate into the "new healthcare" but feeling challenged to keep
	pace with its execution? You're not alone. Discover tactical guidance, new
11:15-12:15am	ideas and proven practices in repeatable methods and frameworks to help
education	address the most daunting challenges and make you a higher-performance
session.	innovator. From operational capabilities to competency metrics and
1	approaches for scaling, funding and partnering for innovation, you'll take away
12:15-1:15pm -	shortcuts to proven strategies to take action now.
lunch	
	OR
1:15-2:15pm —	Pulse Check: Learning from Today's Interoperability and HIE Successes
education	and Unlocking the Potential of Tomorrow
session	Interoperability and health data exchange are at a major pivot point as both
0.200 0.200	evolving technologies and public policies drive implementation and new
2:30-3:30pm -	models of adoption. Explore a comprehensive assessment of these new
education	drivers, including how TEFCA will shape exchange and the role of use cases
session	in developing standards, policies and business models. Examine the
3:45-4:35pm -	Lintercoction of established and emerging standards, open platforms and
education	I technologies and how they play a role in advancing interoperable information
session	Levelange to enable a person-centered health-system. Assess the status of
3033011	exchange and integration of patient records with new stakeholder groups,
	including payers, providers and consumers.
	•
	OR.
	Lucial de la company de la com
	Healthy Aging and Technology Symposium: Building a Digital Bridge to
	Transform the Aging Experience As populations age, digital health technologies have the potential to bridge
	As populations age, digital health technologies have the potential to a second

	the gap between one's dependency needs and the desire to remain independent. Addressing issues like continuity of care for chronic conditions; social isolation, loneliness and medication management through information and technology can transform health and wellness in aging while also meeting caregiver needs. Examine these trends and identify impactful solutions and opportunities as we move into the future of aging.
	OR;
	Best Practices Symposium: Leveraging Information and Technology to Combat Opioid Addiction
	Opioid addiction is one of the most significant public health challenges in the U.S. As overdoses and deaths become commonplace, clinical leaders are looking to the thoughtful application of information and technology to reduce the utilization of opioids as treatment; identify at risk patients and get patients the help they need. Examine technology solutions and best practices of HIMSS Davies Award of Excellence recipients for identifying at-risk patients, including standardizing care to prevent unnecessary opioid exposure, changing prescribing habits of clinicians, and getting addicts referred to rehabilitation.
5:00 - 7:00 PM	HIMSS19 Opening Reception Join us for this year's not-to-be missed superhero-themed Opening Reception at HIMSS19 to network with your colleagues, peers and friends! Don't forget to pack your favorite superhero costume, because all guests are encouraged to come dressed up in costume! The opening reception is free to registered attendees and exhibitors of HIMSS19. **No alcohol will be provided or served to Senate staff**
7:00 - 9:00 PM	HIMSS19 Public Policy Leaders Dinner
	Location: Rosen Centre
	Description: Join policy leaders within HIMSS, as well as state and federal officials, for dinner to discuss policy matters including the health IT policy, legislative, and regulatory landscape in Washington, DC and the states. **No alcohol will be provided or served to Senate staff**

8:30 - 10:00 AM	uary 12 th , 2019 HIMSS19 Opening Keynote - Is Consumer-Directed Exchange Disrupting
	the Healthcare Marketplace?
	Opening keynote panel featuring CMS Administrator Seema Verma, Dr. Karen DeSalvo, Gov. Michael Leavitt, and Aneesh Chopra.
15.50.4140.00	HIMSS19 Exhibition Hall with live technology demonstrations,
10:00 AM - 6:00 PM	presentations, and education sessions
(When not at educational sessions or for non-scheduled time)	Description: Learn about culting edge health information technology. Experience thousands of health IT products and services on the HIMSS19 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Federal Health IT Solutions Pavilion, the Personalized Health Experience, and more.
10:00 AM - 6:00	Interoperability Showcase
PM	Description: Explore a health ecosystem where standards-based health IT
(When not at	enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver
concurrent	standards-based interoperability and health information exchange with an
educational sessions or for	interactive learning experience.

non-scheduled	
time) 10:30 – 11:30 AM	Views from the Top: How Consumer Technology is Revolutionizing Our Daily Lives
	Description: Consumer tech is reshaping nearly every industry. The consumer – empowered by access to better information and technology – is increasingly center stage. Powered by increasingly low-cost sensors, clever algorithms, artificial intelligence, agile robots and big data, innovative new services, products and businesses are being created every day. Will the healthcare industry look the same in ten years? How must doctors rethink their practices to harness innovative health technologies? How will the patient experience change? Is HIPAA still relevant? Will consumer devices replace or supplement hospital IT needs?
10:30 - 11:30	Congressional Forum
AM	Description: The Congressional Forum session provides the opportunity to hear from key Senate and House of Representatives staffers about the health information and technology policy topics being addressed in Congress and where they seek information and input from stakeholders. This session will offer an in-depth discussion on the priorities for health 1&T policy-related issues on Capitol Hill in 2019 and what the agenda looks like for Congressional action.
10:30 - 11:30	Concurrent Education Sessions:
AM	Leveraging Electronic Health Records to Discover Effective Care Coordination Practice Patterns Healthcare institutions are increasingly investing in patient centered care learn models to encourage greater communication, collaboration and coordination among providers to improve care. However, the development of care team models is still in its infant phase. In addition, they can easily miss collaborations occurring across providers, those that occur on an ad-hoc basis or those that take place virtually, via a reading of other providers' notes in electronic format. This unique session offers a data-driven framework that relies on social network analysis along with EHRs to infer provider interaction networks, matches of patient medical needs to care teams and clinical impacts of different care team models.
	MHS CIO – Standardizing, Modernizing, Securing Health IT To achieve our IT modernization priorities, DHA needs to move to a more secure, agile, and cost effective infrastructure predominantly provided by shared services. This session will examine how, as the DHA CIO, a primary focus is driving standardization across our enterprise to improve the performance and affordability of health information technology operations and enable centralized management capabilities throughout the Military Health. System. Implementing the Desktop to Datacenter – or D2D program – is a critical step in streamlining health information technology infrastructure service lines across the MHS enterprise. Cybersecurity is a huge concern, especially for DoD as a target for national security and health care information. This is a time of tremendous apportunity for improving continuity of care for our highly mobile beneficiaries who often receive care from DoD, VA and private sector health care delivery partners.
	The Real Challenges of Telehealth Adoption
	THE REAL PROPERTY.

Telehealth continues to evolve rapidly worldwide. The technology available facilitates monitoring and examination of patients with an amazing level of quality, efficiency and accuracy. Patient interest and satisfaction is high, and many large healthcare systems and payers have invested millions into their evolution into the telehealth space. Despite these advances, telehealth continues to face significant barriers. Many large professional societies have publicly expressed concerns over the widespread adoption of telehealth, many payers still restrict payment for services, and a large segment of the provider population remains skeptical or even opposed to the growth of telehealth. The speakers will draw from their extensive experience in telehealth across the clinical, academic, administrative, financial, technical and payer worlds to provide key insights and actionable solutions on enhancing reimbursement, provider adoption, and stakeholder buy-in.

OR

Identifying Risky Drug-Seeking Behavior at the Point of Care. Brigham and Women's Hospital employed visualization techniques as well as descriptive and predictive analytics on a large longitudinal prescription dataset (PDMP - prescription drug monitoring program). A web-based tool, MeDSS, was then developed which dynamically generates charts on the patient's trajectory and does complex computations on risk predictors within seconds. A crossover study was conducted with participating physicians to determine how the inclusion of risk predictors from machine-learning models, incorporated into a tool with an improved UI design, increases comprehension of PDMP data, efficiency and recognition of high-risk factors—and thus assists with prescriber decision-making when a controlled substance is prescribed.

OR

Remote Monitoring Shows Significant Pop Health Benefits
Patient engagement is critical to realizing outcomes and improvements
necessary for healthcare systems' movement toward value-based care.
However, the sickest populations are often those with the most obstacles to
the kind of engagement needed to make a positive impact on their care and
on costs. Telemedicine, once thought of as a fringe approach appropriate for
only a small population of total patients, is now being used to significantly
boost engagement among patients with chronic and costly morbidities such
as congestive heart failure (CHF) and chronic obstructive pulmonary disease
(COPD), along with specialized but typically very costly populations such as
those with post-partum hypertension. The University of Pittsburgh Medical
Center (UPMC) and the Ontario Telemedicine Network (OTN) are both
influential champions for the use of telemedicine to help manage these patient
populations and will discuss how their use of this platform is improving care
and lowering costs.

12:00 --1:00 PM

Concurrent Education Sessions:

Patient-Centric Health Information Exchange

Fragmented patient records scattered about disparate healthcare providers is the major disconnect in a healthcare industry on the precipice of transformation. With a shift from Fee-For-Service (FFS) to Value-based Care and Episode-based payment fee schedules, the creation of a new model is vital to the patient and to the industry at large. Without true interoperability between health information systems from a technological, state-regulatory, and economic standpoint, the patient will continue to bear the brunt of adverse health and financial outcomes. The advent and continuous maturation of technologies like FHIR Resources and Private Blockchain Networks have provided us the infrastructural tools required to liberate.

Personal Health Information from closed exchanged networks. Our presentation spotlights how detrimental the lack of Interoperability is to the American healthcare system and proposes the concept of a Patient-Centric Health Information Exchange.

OR

Enabling Digital Health Innovation: A Real-World NHS Journey
This session will provide results and learnings from 2.5 years of effort in kickstarting innovation at a large London hospital. Starting from a position where
innovation was entirely unknown, this organization invested in supporting
frontline excellence holistically; delivered multidisciplinary consultation,
offered seed funding for projects and established organizational awareness to
C-level. They have learned that innovation, at first, can be an opportunistic
pipeline that has frontline excellence and knowledge of real world problems
as its fuel. The speakers will explain key stages of organizational maturity for
and methods with which innovation can grow and flourish in large acute
settings.

.OR

Colorado's Health IT Success: What's Our Secret Sauce?
This session will detail how the Colorado Health IT Roadmap was developed with support from the federal level, state legislators, policy makers, technology experts, government partners, care providers and patients to drive higher consumer engagement; to help create an environment for value-based payments and to support Colorado's Triple Alm: "Best Care, Best Health. Best Value." Lessons learned will be shared that can benefit many different types of organizations hoping to change the healthcare infrastructure in their organizations, regions and states. The important role of sustainable health information exchange will be discussed, as well as ideas for gathering the right players who can share a spirit of collaboration with patients at the center.

OR

Office of the National Coordinator for Health IT (ONC) Session
The Office of the National Coordinator for Health IT (ONC) will be presenting
on the work it is undertaking related to implementing the 21st Century Cures
Act, including interoperability, information blocking, and the Trusted Exchange
Framework and Common Agreement as well as other critical issues in its
portfolio related to standards, usability, and increasing health IT adoption and
functionality.

12:30 - 1:00 PM

Keynote: The Journey to a More Patient-Focused Sustainable Health System

Rasu Shrestha, MD, MBA Chief Innovation Officer & Executive Vice President, UPMC & UPMC Enterprises

1:30 - 2:30 PM

Concurrent Education Sessions:

Cracking the Code to Better Quality and Financial Outcomes
One of the greatest challenges facing hospitals is their increased assumption
of risk as a result of the transition to value-based care. Rather than allowing
providers to drive revenue by raising their volume of services, both CMS and
commercial payers are now moving to base provider reimbursement on
quality outcomes and scores. Since it costs more to deliver proper care to
patients with more health issues; CMS introduced risk adjustment factors
(RAFs) to compensate providers for this increased level of care, which
brought a host of challenges around documentation accuracy. Faced with
these challenges; Rush University Medical Center sought new ways to

improve risk-based revenue and elevate quality scores. Among the most important was an initiative to boost premium revenues through accurate HCC code capture, which enabled Rush to take on more high-risk covered lives. The program resulted in increased revenue of \$2,300 per patient, or about \$20 million per hospital annually.

OR

Improving Care Coordination with Nationwide Data Exchange In a 2018 study, 50% of physicians surveyed noted they were not satisfied with their access to patient data, noting that the lack of access to patients clinical history can impede care coordination and result in increased costs. This session will share personal clinical and operational experiences in leveraging patient-centered interoperability to connect disparate information and technology solutions, health systems and providers both locally and nationally. Bringing their unique experiences, the speakers will share how having unfettered, real-time access to relevant patient health data cannot be underestimated. It is a game changer for the industry that is ultimately resulting in better value, improved patient experience, reduced costs and decreased provider frustration.

OR

MHS GENESIS: Transforming the Delivery of Healthcare MHS GENESIS, the Military Health System's single electronic health record, deployed to all four final initial fielding sites in the Pacific Northwest, which served as the initial test of MHS GENESIS and its supporting operations and infrastructure. This session will take a look back and talk about the Initial Operational Capability phase, the value that's already being seen, and how the lessons learned are applied in the ongoing MHS GENESIS deployment efforts. MHS GENESIS will deploy enterprise-wide across the Military Health System using a wave deployment process beginning in late 2019:

OR

Changing the Culture of Data to Support Value-Based Models
It is well known how difficult it has been for ACOs to accrue, manage and share data and the insights that come from advanced analytic solutions. This session will share how the right data strategy can help providers bend the cost curve while making important gains in health outcomes for different patient populations, it will enlighten attendees on an effective data strategy and motivate to deploy one.

3:00 - 4:00 PM

Concurrent Education Sessions:

Artificial Intelligence vs COPD: The Fight for Patient Health Geisinger Health System is using a unique and powerful cognitive machine to drive down rates of avoidable admissions for COPD patients. Applied within the system's largest medical center, this Al solution is helping identify the subgroup of COPD patients at risk of an acute exacerbation (AECOPD). Approximately 50% of AECOPD are not reported by patients, but AECOPD drives 2.4% of acute hospitalizations. Leveraging cognitive machine technology, Geisinger is able to pin point those COPD patients at a 30x risk of an avoidable admission and the interventions that will most likely keep a patient out of the hospital. During this session, the speakers will provide an overview of the project, current and projected clinical performance/impact and key lessons learned in the application of Al to reduce complications for patients with chronic conditions.

QR Telehealth 301: Beyond the Basics The smallest patients sometimes require the most attention, and for Children's Mercy Kansas City, they are the health system's priority. Pediatric patients in the Midwest often face extreme barriers to care because of the shortage of specialty (and sub-specialty) physicians, the vast expanse of rural topography and the region's social determinants of health. To overcome those challenges and provide better access to a higher quality of care, Children's Mercy saw one solution to its patients' problems: virtualized care through. telehealth solutions. As partners in healthcare delivery, the presenters will share insights to challenges, solutions and opportunities for building and implementing virtual care models to serve geographically isolated. populations. The speakers will dive into best practices and share results for how their strategies have improved patient access, increased patient satisfaction, and provided opportunities for provider retention. OR Department of Veteran Affairs Session The Department of Veterans Affairs (VA) will be presenting on several significant topics in their sessions, including the health IT-focused efforts underway to deliver transformative services to its veteran population as well as the work and planning to more fully integrate VA and Department of Defense health care resources and information in support of veterans and service members. Views from the Top - From Real-World Data to Digital Twins: Paving the 3:00 - 4:00 PM Way for Personalized Healthcare Description: Prof. Okan Ekinci, Chief Medical Officer for Roche Diagnostics Information Solutions, will provide insights on Roche's Personalized Healthcare strategy. He will discuss how data-driven Clinical Decision Support Solutions evolve and help healthcare institutions in their digitization effort to ultimately improve patient outcomes as well as clinician satisfaction at an increased level of efficiency and quality. Concurrent Education Sessions: 4:15 - 5:15 PM Mitigating the Next Generation of Risk: Connected Devices With the significant increase in innovative, connected medical devices becoming part of patient care, Information Technology and Clinical Engineering are no longer mutually exclusive disciplines within the clinical setting; rather, they are out of necessity a fully integrated continuum in the integrated chain of patient care. Insuring the security and integrity of information and technology assets in the hospital data center is well understood; however, the practice of securing and protecting the everexpanding range of connected medical devices that interact directly with the patient is not as well understood and is fraught with a range of additional and unique challenges. This session will describe the similarities and differences in securing information and technology and clinical assets and will outline a model to protect connected medical devices from malicious intent. OR Defeat Nation State Actors Stalking the Healthcare Sector Retired Brigadier General Greg Touhill, the first Chief Information Security Officer of the United States government and current president of the Cyxtera Federal Group, will discuss the current cyber threat environment; the tactics, techniques, and procedures used by nation state actors and cyber criminal

	groups to threaten organizations; why the health care environment is at high risk; and what the health care sector should do to better manage their risk.
	OR
	Smartphones Are Driving Clinical Transformation Hospitals and health systems surveyed are making large-scale, enterprise- wide investments in smartphones and unified communications solutions to drive clinical transformation and address mission as well as patient-critical communications requirements of clinical and non-clinical mobile workers within the hospital and across care continuum. These solutions support the achievement of the Quadruple Aim by reducing costs, improving quality and outcomes and increasing patient and provider satisfaction. The speakers, representing research, clinician and administrator standpoints, will offer compelling details of what a successful deployment looks like; how to address and overcome the associated pitfalls in operationalizing a large-scale health system-wide deployment; and explore future growth opportunities involved with integrating these solutions with evidence-based clinical pathways and care management programs including support of bedside documentation and clinical surveillance.
6:30 - 8:00 PM	HIMSS19 Women in Health IT Reception (OPTIONAL)
	Location: TBD
	Description: Be a part of the industry's most powerful gathering of women innovators, leaders and entrepreneurs shaping and transforming health through technology today. Share stories, recognize and celebrate your peers — form valuable connections that will last a lifetime. **No alcohol will be provided or served to Senate staff.**
	Dinner on your own

Wednesday, February 13th, 2019

7:00 - 8:15 AM	HIMSS Public Policy Leaders Breakfast
	Description: Breakfast with HIMSS public policy leaders, winners of the HIMSS Nichols E. Davies Award for Excellence in Health Information Technology, and the HIMSS Public Policy Committee.
8:30 - 9:30 AM	State Officials Panel: Smart States and the Push towards Health iT Modernization
	Description: States and local governments are on the front line of creating "smart health systems," given recent modernization efforts teveraging 21st Century digital technologies, the abundance of robust real-time health related data, and health and human services integration. This session will underscore the opportunities and trends that have prompted state legislators, governors, and county officials to reimagine how they could use health IT solutions to upgrade legacy systems and address complex health issues relating to social determinants, the impact of global health pandemics and population health outcomes. Panelists will discuss their efforts to address these issues with the help of federal agencies, partner organizations, and in collaboration with other states.
8:30 – 9:30 AM	Views from the Top – Transparency in Prescription Drug Costs to Help Patients Save Money
	Description: In a consumer-oriented world, why are we still surprised by the out-of-pocket cost of our medications? How many of us simply leave the prescription behind and become part of the "non-adherence" statistic due to cost? Hear Casey Leonetti, Senior-Vice President of PBM Innovation of CVS Health, and Tom
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	Skelton, CEO of Surescripts, two trail-blazing innovators in pharmacy, healthcare and health information technology, talk about how making prescription drug cost and drug benefit plan information available to patients, prescribers and pharmacists can help improve health care engagement. In fact, early results show that this type of transparency is transforming the prescription decision-making process for physicians, pharmacists and patients by supporting and enabling a consumer-driven market-place that ultimately helps patients save money on their medications.
9:30 AM - 6:00 PM	HiMSS19 Exhibition Hall with live technology demonstrations, presentations, and sessions
(When not at concurrent educational sessions or for non-scheduled time)	Description: Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS 19 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Federal Health IT Solutions Pavilion, the Personalized Health Experience, and more.
10;00 - 11:00 AM	Concurrent Education Sessions:
	Lessons from Israel: Finding Cancers with Al and EHR Data What can the U.S. health system learn from its Israell counterpart when it comes to leveraging existing EHR data for preventative care? Israel's digital database (the world's second largest) has collected medical records for over 98% of the population to further the development of preventative treatment and personalized care plans. In this session, the speaker goes beyond conjecture to demonstrate how U.S. health systems can learn from the Israeli model and integrate Al tools into clinical practice to identify high-risk patients and create a clinical path for effective intervention. She will reference the real-world development, validation, implementation, adoption and results of an Al-based tool designed to flag individuals at risk of harboring colorectal cancer using only existing EHR data. The clinical and ROI results of this implementation will reveal how Al can facilitate early interventions to improve patient outcomes while enabling health systems to
	OR
	Blockchain Privacy, Security, Compliance and Regulation Blockchains show great potential to help healthcare reduce costs, and improve patient engagement, experience, and outcomes: Privacy expectations and risks must be successfully managed to enable healthcare to fully realize the benefits of blockchain. Concurrently, blockchains hold incredible potential to put patients and data subjects in control of their data and improve privacy. A myriad of regulations and data protection laws apply to blockchains, and must be complied with to avoid non-compliance, penalties, and other impacts. The challenges of compliance are exacerbated by the fact that blockchains can span states, countries, and regions that represent different jurisdictions with different regulations and data protection laws, and data sovereignty and trans-border data flow requirements and challenges can also emerge as blockchains grow globally.
	OR
	Digital Transformation: Uniting the Full Continuum of Care As health systems consolidate, populations age and healthcare professionals are stretched increasingly thin, how can providers deliver a continuum of care that significantly yet cost-effectively advances quality of life without compromising care standards or intensifying professional burnout? For many, including Jewish Senior Living Group (JSLG), digital transformation points the way forward. Focused on improving quality of life for residents and professionals, JSLG's San Francisco

11:00 - 11:20 AM 11:30 AM -	Campus for Jewish Living wanted to reduce fragmentation and unify its services for patients/residents. It developed a digital transformation strategy that integrates experiences on- and off-campus and in virtual space to deliver the right services at the right time. Fundamental to JSLG's approach is the tenet that, to succeed, digital solutions must be accessible and useful to the patients and clinicians interacting with them. This session will explore JSLG's end-to-end digital transformation journey. Staff Led VIP Tour of the Interoperability Showcase Concurrent Education Sessions:
12:30 PM	
Þ.C.;OU ΓΙΫΙ	Restore Human Connections with Collaboration and Technology in this session, learn how the CXO and her team of experienced coaches are designing effective approaches to improve the human experience; collaborating with clinical and information and technology leaders to help caregivers and leaders intersect their purpose, passion and skills to make a difference as well as foster more meaningful interactions with each other, patients and families, driving positive human connections and transformative change in healthcare.
	OŖ
	Teaming up for Change: Virtual Care Lessons The value of providing instant care and collaboration across care teams has never been higher, necessitating that everyone from doctors and care coordinators to finance and billing managers and pharmacy, find a solution that works for everyone—especially for patients in the care continuum. Forward-thinking Kaiser Permanente shares how they expanded their Chat with a Doctor program to provide secure chat and other instant services to their members all while making it easier for care teams to collaborate in a secure environment. Their results are the highest NPS score (40 in 2018) in healthcare, triple the industry average (13), over 70% remote encounter resolution rates and some of the highest member and provider retention rates.
	OR.
	Optimizing Health Information Technology to Promote Opioid Stewardship In the midst of the national opioid epidemic, many organizations are still early in the development of their opioid stewardship efforts. Truman Medical Centers has empowered a leader within the Pharmacy team to expand the institutions pain management and opioid stewardship services. The pharmacist uses the EHR to review inpatient orders triggered by targeted drug reports, focusing on scheduled and long-acting opioid medications. This approach has led to safer administration of opioids and safer prescribing behaviors. Intermountain Healthcare has established a collaborative clinical/technical team focused on improving opioid safety across the organization. Multiple technical solutions have been or are being implemented. These include interventions designed to 1) identify patients at high risk of opioid induced respiratory depression, 2) reduce over-prescribing of opiates for acute pain, and 3) increase safety in ordering and administering opiates in hospital settings.
1:00 - 2:00 PM	Federal Health Community Lunch (OPTIONAL)
	Description: A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government.
1:00 - 2:00 PM	Concurrent Education Sessions:
	Data-Driven Clinical Transformation in an Unhealthy Region Value-based care can be a daunting change. It's particularly true in the Southeast,

ranked the least healthy U.S. area. Building on a partnership with a large Louisiana-based health plan, COSEHC leads a large practice transformation network, serving over two million people through 703 practice sites and 4,599 clinicians. Leveraging actionable information, evidence-based guidelines and training, its PTN has become a CMS top performer. It shares challenges and successes in meeting of exceeding most chronic disease targets and saving millions by transforming patient- and family-centered care; data-driven quality improvement; and creating sustainable business operations.

OR.

Redesigning Clinical Care with Analytics

With annual US Healthcare expenditures surpassing \$3 trillion, the industry is challenged with providing high-quality care at the lowest possible price. The Memorial Hermann Healthcare System is facing this challenge head-on. Through eliminating waste and increasing quality, we are changing the way care is provided. In this presentation, you will learn how Memorial Hermann Health System is using visual analytics with its Electronic Health Record (EHR), and other healthcare IT (HiT) systems to improve quality and safety of care and enhance the patient experience while reducing costs.

QR

Enhanced Public Health Reporting Using an HIE Network

Leveraging an existing, robust health information exchange (HIE) network, we implemented a decision support intervention to facilitate awareness among primary care providers that a notifiable disease should be reported to a local public health agency. In a controlled before-and-after trial, we evaluated the impact of the intervention on notifiable disease reporting rates. In this session, the speakers describe the intervention, methods and results of the trial.

2:30 - 3:30 PM

Concurrent Education Sessions:

Leveraging Technology to Improve Prior Authorization

This session will describe and quantify the growing PA problem using survey statistics, review the currently available technologies for both prescription and medical services PA, discuss challenges to adoption, and discuss how grassroots web tools and social media can be effectively leveraged to address PA policy issue.

OR

Embracing the IoT: Ideas Are Easy, Execution is Hard

The speakers will paint a futuristic picture of healthcare, utilizing a standards based, edge-computing NoT architecture and discuss the benefits and challenges of implementation. Finally, you will be provided with the tools (reference architectures from the NC and MD PnP) necessary to help the healthcare industry begin developing products and creating an ecosystem for a next generation of connected healthcare products.

OR

Medicare Reimbursement and Connected Health: Where Are We?

Join this session to learn about and participate in a dialogue on: a) What is the state of play regarding reimbursement for use of connected health tools in Medicare? b) Opportunities to make your voice heard in related policy development processes c) Next steps/milestones for the uptake of connected health tech.

4:00 - 5:00 PM

Concurrent Education Sessions:

Using Real-Time Analytics to Improve Patient Clinical Outcomes Learn how we combined real world clinical experiences with innovative architecture, while leveraging existing technology, to produce a near-time dashboard for nurses. This session goes beyond mere concept and shares practical applications of near and real-time reporting. We will share how we combined analytics and technology to save clinicians time while increasing the visibility of the quality of care being delivered, ultimately leading to improved outcomes. OR Adapting Guidelines for Emergencies in the Digital Age In the case of emergency preparedness, based on the redesigned process, we are developing CDS for post-exposure prophylaxis to anthrax in the event of a bioterrorism attack. The speakers will discuss the approach, issues with integrating multiple guidelines and translating them into machine-readable language, piloting the CDS, steps required for local systems integration and lessons learned for future use and iterative improvement of the redesigned clinical guidelines development process. **OR** Demystifying TEFCA: Ins and Outs of the Exchange Framework This session describes the ins and outs of ONC's TEFCA - the new interconnection of qualified health information networks (QHINs), to advance the establishment of an interoperable health system that: a. empowers individuals to use their electronic health information to the fullest extent, b. enables providers and communities to deliver smarter, safer and more efficient care and c. promotes innovation at all levels. Views from the Top - A U.S. Government Perspective 5:30 - 6:30 PM Description: A special discussion with a high-level U.S. Administration Official! Federal Health Community Reception 6:45 - 8:00 PM Description: Networking event for the Federal Health Community; a community of HIMSS members and Federal Government employees. **No alcohol will be provided or served to Senate staff** Dinner on your own

Thursday, February 14th, 2019

8:30 - 9:30 AM	Concurrent Education Sessions:
	Implementing a Statewide School-Based Telehealth Program This session will provide an overview of a successful, statewide school-based telehealth program and include information on program development, utilizing the ITIL framework. It will include a review of the "nuts and bolts" of a successful program and a discussion of barriers and lessons learned. Recommendations to enhance the effectiveness and efficiency of a school-based telehealth program will be highlighted.
	OR
	Unifying Provider and Payer Data to Propel Value-Based Care in this session, leaders from Manifest MedEx will describe their vision for a next-generation unified care record and discuss the strategy and technology they have implemented to deliver data as a service to providers and payers. Also included
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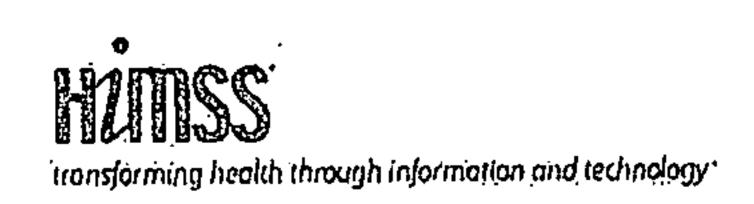
will be how the platform will act as a catalyst for innovation, providing agility in the move to value-based models, including examples of how they have solved realworld problems,

OR

Wearable Device Data: Signal or Noise?

This session will cover the broad range of data that can be collected now and in the near future, some of the technical challenges associated with managing this data, as well as the system changes that will be required in order to be able to utilize this data to improve care and outcomes.

11:48am Flight Departs Orlando (tentative - JB2224)



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December 3, 2018

Ms. Arlelle Woronoff
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Ms. Woronoff:

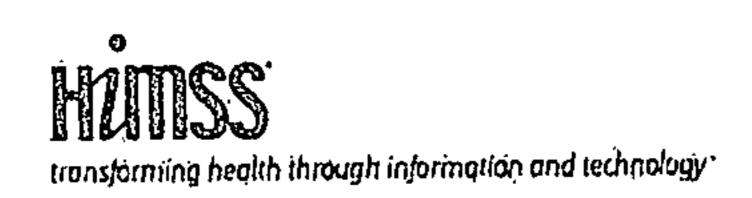
Management Systems Society (HIMSS) Global Conference and Exhibition in Orlando, Florida, taking place February 11 – 15, 2019. This unique opportunity will allow you to learn about the potential and the challenges of healthcare information and technology—including electronic health records, health information exchange, and connected health—to help transform healthcare in America. Consistent with Senate and House of Representatives Ethics Rules, HIMSS is extending to you an invitation to attend HIMSS19 for up to three nights during the conference, as your schedule and the Congressional schedule permits.

HIMSS, headquartered in Chicago, is a global advisor and thought leader supporting the transformation of health through the application of information and technology. As a mission driven non-profit, HIMSS provides thought leadership, community building, public policy, professional/workforce development and engaging events to bring forward the voice of our members. HIMSS encompasses more than 70,000 global individual members, 630 corporate members and over 450 non-profit partner organizations; that share this cause.

HIMSS North America, a business unit within HIMSS focused on thought leadership in the United States and Canada, serves as the host to U.S. congressional staff at HIMSS professional development conferences. To learn more about HIMSS, please visit our website at www.himss.org.

The HIMSS Global Conference and Exhibition is one of the healthcare sector's largest conferences. The 2019 HIMSS Global Conference is anticipated to include over 300 educational events, 1,300 leading health information and technology exhibitors, hundreds of special programs, and over 45,000 professionals from 90 countries around the world. Attendees include hospital executives, physicians, physician group practice managers, nurses and other healthcare providers, federal and state agency staff, public health agency personnel, state and local government representatives, as well as technology vendors and consultants. To learn more about HIMSS19 and view a detailed conference brochure please visit www.himssconference.org.

Ouring the conference, you may be especially interested in participating in a range of health IT policy events and discussions, including the HIMSS Interoperability Showcase, Cybersecurity



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Command Center, Personalized Health Experience, Intelligent Health Pavilion, Federal Health IT Solutions Pavilion, and many other educational opportunities.

For the last ten years, HIMSS has offered paid educational opportunities to selected policy makers to attend the HIMSS Annual Conference to learn about the public policy issues and challenges of the system-wide adoption of health information technology. Consistent with Senate and House of Representatives Ethics Rules, HIMSS is extending to you an invitation to attend HIMSS19 for up to three days (72 hours, excluding travel time). HIMSS does not employ or engage a registered lobbyist, lobbying firm, nor do we serve as a foreign agent.

Upon your acceptance of this invitation, we will provide the necessary documents to submit with your request for approval of privately sponsored travel to the Senate Select Committee on Ethics, as applicable. Requests must be submitted at least 30 days prior to travel (no later than January 14, 2019). HIMSS will also provide instructions to book your travel in compliance with the travel rules once approval has been obtained.

Paid opportunities to attend this unique educational event are limited, so if you will be able to attend please R.S.V.P. no later than January 9, 2019 to allow enough time for you to submit your request to your Ethics Committee at least 30 days prior to travel. Those responding will be accommodated on a first-come, first-serve basis.

If you have any questions, please feel free to contact me or David Gray at dgray@himss.org.or 703-562-8817.

Sincerely,

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